

United States Bankruptcy Court
Middle District of Tennessee

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): CALDWELL, DAVID E.
Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):
All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-9778
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 1074 OLD CALVARY ROAD Cookeville, TN
Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 38506-4363
County of Residence or of the Principal Place of Business: Putnam
County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):
Mailing Address of Joint Debtor (if different from street address):
ZIP Code
ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor (Form of Organization) (Check one box)
Nature of Business (Check one box)
Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
Nature of Debts (Check one box)
Filing Fee (Check one box)
Chapter 11 Debtors

Statistical/Administrative Information
Debtor estimates that funds will be available for distribution to unsecured creditors.
Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.
Estimated Number of Creditors
Estimated Assets
Estimated Liabilities

THIS SPACE IS FOR COURT USE ONLY

<p><b>Voluntary Petition</b></p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): <b>CALDWELL, DAVID E.</b></p>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>Middle District of Tennessee</b>	Case Number: <b>3:06-00484</b>	Date Filed: <b>2/03/06</b>
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> <u>/s/ T. Larry Edmondson</u> <span style="float: right;"><u>January 9, 2010</u></span>                  Signature of Attorney for Debtor(s) <span style="float: right;">(Date)</span>  <b>T. Larry Edmondson</b></p>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_

(Name of landlord that obtained judgment)

\_\_\_\_\_

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**  
*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**CALDWELL, DAVID E.**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ DAVID E. CALDWELL  
 Signature of Debtor **DAVID E. CALDWELL**

**X** \_\_\_\_\_  
 Signature of Joint Debtor

\_\_\_\_\_  
 Telephone Number (If not represented by attorney)

January 9, 2010  
 Date

**Signatures**

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
 Signature of Foreign Representative

\_\_\_\_\_  
 Printed Name of Foreign Representative

\_\_\_\_\_  
 Date

**Signature of Attorney\***

**X** /s/ T. Larry Edmondson  
 Signature of Attorney for Debtor(s)

T. Larry Edmondson  
 Printed Name of Attorney for Debtor(s)

T. Larry Edmondson  
 Firm Name

**800 Broadway**  
**3rd floor**  
**Nashville, TN 37203**

\_\_\_\_\_  
 Address

**Email: jessica.edmondsonlaw@yahoo.com**  
**(615) 254-3765 Fax: (615) 254-2072**

\_\_\_\_\_  
 Telephone Number

January 9, 2010  
 Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
 Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
 Address

**X** \_\_\_\_\_  
 Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

\_\_\_\_\_  
 Date

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
 Signature of Authorized Individual

\_\_\_\_\_  
 Printed Name of Authorized Individual

\_\_\_\_\_  
 Title of Authorized Individual

\_\_\_\_\_  
 Date

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**United States Bankruptcy Court  
Middle District of Tennessee**

In re DAVID E. CALDWELL

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ DAVID E. CALDWELL  
DAVID E. CALDWELL

Date: January 9, 2010

**United States Bankruptcy Court  
Middle District of Tennessee**

In re DAVID E. CALDWELL

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>CAPITAL ONE P.O. BOX 30285 Salt Lake City, UT 84130</b>	<b>CAPITAL ONE P.O. BOX 30285 Salt Lake City, UT 84130</b>	<b>credit card</b>		<b>300.00</b>
<b>CITI FINANCIAL AUTO ATTN: BANKRUPTCY DEPT P.O. BOX 183036 Columbus, OH 43218-3036</b>	<b>CITI FINANCIAL AUTO ATTN: BANKRUPTCY DEPT P.O. BOX 183036 Columbus, OH 43218-3036</b>	<b>2008 KIA SEDONA 40k miles</b>		<b>10,500.00  (8,550.00 secured)</b>
<b>Cookeville Regional Medical Center 1 Medical Center Blvd Cookeville, TN 38501</b>	<b>Cookeville Regional Medical Center 1 Medical Center Blvd Cookeville, TN 38501</b>			<b>200.00</b>
<b>DAVID BOHANNON, ESQ. 115 S. DIXIE AVENUE Cookeville, TN 38501</b>	<b>DAVID BOHANNON, ESQ. 115 S. DIXIE AVENUE Cookeville, TN 38501</b>			<b>12,058.86</b>
<b>DHS Development, LLC 20 C. Camp Road Cookeville, TN 38501</b>	<b>DHS Development, LLC 20 C. Camp Road Cookeville, TN 38501</b>			<b>8,800.00</b>
<b>FRONTIER P.O. Box 20550 Rochester, NY 14602-0550</b>	<b>FRONTIER P.O. Box 20550 Rochester, NY 14602-0550</b>			<b>1,276.92</b>
<b>GE MONEY BANK/CHEVRON ATTN: BANKRUPTCY DEPT P.O. BOX 103104 Roswell, GA 30076</b>	<b>GE MONEY BANK/CHEVRON ATTN: BANKRUPTCY DEPT P.O. BOX 103104 Roswell, GA 30076</b>			<b>414.00</b>
<b>GE MONEY/JC PENNY ATTN Bankruptcy Department P.O. 103104 Roswell, GA 30076</b>	<b>GE MONEY/JC PENNY ATTN Bankruptcy Department P.O. 103104 Roswell, GA 30076</b>			<b>566.79</b>
<b>Middle Tennessees Surgical Associates c/o Frost-Arnett Company P.O. Box 198988 Nashville, TN 37219-8988</b>	<b>Middle Tennessees Surgical Associates c/o Frost-Arnett Company P.O. Box 198988 Nashville, TN 37219-8988</b>			<b>353.89</b>

B4 (Official Form 4) (12/07) - Cont.  
 In re **DAVID E. CALDWELL**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
 (Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>

**DECLARATION UNDER PENALTY OF PERJURY  
 ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, **DAVID E. CALDWELL**, the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **January 9, 2010**

Signature **/s/ DAVID E. CALDWELL**  
**DAVID E. CALDWELL**  
 Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

DAVID E. CALDWELL  
1074 OLD CALVARY ROAD  
COOKEVILLE TN 38506-4363

T. LARRY EDMONDSON  
T. LARRY EDMONDSON  
800 BROADWAY  
3RD FLOOR  
NASHVILLE, TN 37203

CAPITAL ONE  
P.O. BOX 30285  
SALT LAKE CITY UT 84130

CITI FINANCIAL AUTO  
ATTN: BANKRUPTCY DEPT  
P.O. BOX 183036  
COLUMBUS OH 43218-3036

COOKEVILLE MEDICAL CENTER  
P.O. BOX 3147  
COOKEVILLE TN 38502

COOKEVILLE REGIONAL MEDICAL CENTER  
1 MEDICAL CENTER BLVD  
COOKEVILLE TN 38501

DAVID BOHANNON, ESQ.  
115 S. DIXIE AVENUE  
COOKEVILLE TN 38501

DHS DEVELOPMENT, LLC  
20 C. CAMP ROAD  
COOKEVILLE TN 38501

FRONTIER  
P.O. BOX 20550  
ROCHESTER NY 14602-0550

GE MONEY BANK/CHEVRON  
ATTN: BANKRUPTCY DEPT  
P.O. BOX 103104  
ROSWELL GA 30076

GE MONEY/JC PENNY  
ATTN BANKRUPTCY DEPARTMENT  
P.O. 103104  
ROSWELL GA 30076

MIDDLE TENNESSES SURGICAL ASSOCIATES  
C/O FROST-ARNETT COMPANY  
P.O. BOX 198988  
NASHVILLE TN 37219-8988



OCWEN LOAN SERVICING, LLC  
C/O SHAPIRO & KIRSCH, ATTY  
6055 PRIMACY PARKWAY  
MEMPHIS TN 38119

PUTNAM COUNTY COURT CLERK  
29 NORTH WASHINGTON AVENUE  
COOKEVILLE TN 38501

WILLIAM D. BIRDWELL, ESQ.  
441 EAST BROAD STREET  
COOKEVILLE TN 38501